

Medical Services Administration

What do these staff do?

These staff administer the Medicaid/MC+ program. This appropriation funds administrative staffing, expense and equipment and contractor resources.

What is the statutory base?

State: RSMo 208.201

Federal: Social Security Act Section 1902(a)(4), Federal Regulations 42 CFR Part 432

Is this a federally mandated program?

Yes.

What is the personnel services funding for this function?

State Fiscal Year	General Revenue	Federal	Other	Total
2001	\$3.5 mil	\$4.9 mil	\$0.6 mil	\$9.0 mil
2002	\$4.2 mil	\$5.1 mil	\$0.6 mil	\$9.9 mil
2003	\$4.1 mil	\$5.4 mil	\$0.6 mil	\$10.1 mil
2004	\$3.5 mil	\$5.4 mil	\$0.5 mil	\$9.4 mil

What is the expense and equipment funding for this function?

State Fiscal Year	General Revenue	Federal	Other	Total
2001	\$0.5 mil	\$2.5 mil	\$1.5 mil	\$4.5 mil
2002	\$5.8 mil	\$9.4 mil	\$1.9 mil	\$17.1 mil*
2003	\$4.5 mil	\$8.4 mil	\$1.5 mil	\$14.4 mil
2004	\$2.2 mil	\$6.8 mil	\$1.5 mil	\$10.5 mil**

*Includes \$1.0 million for Women and Minority Health Care Outreach which was broken out into its own appropriation section in SFY-2003.

**Reflects a requested transfer of Pharmacy Enhancement program contractor costs to a new section in SFY-2005.

What is the source of the non-general revenue funding?

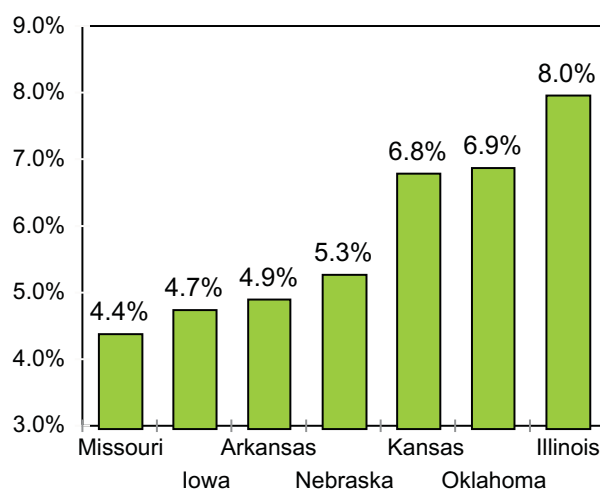
Title XIX (Medicaid), Pharmacy Rebate, Third Party Liability Fund, Nursing Facility Quality of Care Fund, Health Initiative Fund

How many Medical Services staff were budgeted?

SFY-2001	SFY-2002	SFY-2003	SFY-2004
273	306	296	280

Out of the 50 states Missouri has the 6th lowest percent when comparing total Medicaid expenditures to administration expenditures. The graph (below) shows how Missouri compares to surrounding states.

Percentage of Total Medicaid Expenditures Spent on Administration



Pharmacy Program Management

What do these staff do?

This is a new section requested in SFY-2005. The funding is a transfer from the Medical Services Administration section for Pharmacy Enhancement program contractor costs.

What is the statutory base?

Federal: Social Security Act Section 1902(a)(4), Federal Regulations 42 CFR Part 432

What is the funding?

This is a request for a new section in SFY-2005. Funding in prior years is not applicable. The SFY-2005 funding request is:

State Fiscal Year	General Revenue	Federal	Other	Total
2005	\$2.3 mil	\$3.6 mil	\$0.9 mil	\$6.8 mil

What is the source of the non-general revenue funding?

Title XIX (Medicaid), Third Party Liability

Women and Minority Health Care Outreach

What does this program do?

Provides client outreach and education about the Medicaid program and reduces disparities in health care access for women and minority populations.

What is the statutory base?

State: RSMo 208.152, 208.201
Federal: Social Security Act Section 1903(a),
Federal Regulations 42 CFR Part 433.15

Is this a federally mandated program?

No.

What is the funding?

State Fiscal Year	General Revenue	Federal	Other	Total
2003*	\$0.7 mil	\$0.8 mil	\$0	\$1.5 mil
2004*	\$0.7 mil	\$0.8 mil	\$0	\$1.5 mil

**SFY-2003 is the first year for this appropriation.*

What is the source of the non-general revenue funding?

Title XIX (Medicaid)

Who is eligible?

Services are directed toward low-income women and minorities who are uninsured or eligible for Medicaid.

What types of services are received?

	SFY-2001	SFY-2002	SFY-2003
Number of Prenatal Care Users Who Delivered During Year	2,054	2,114	2,286
Number of Normal Births	1,897	1,890	2,012

Medicaid Revenue Maximization

What do these staff do?

These staff identify ways to earn additional federal funds and research ways to avoid costs.

What is the statutory base?

State: RSMo 208.201

Is this a federally mandated program?

No.

What is the funding?

State Fiscal Year	General Revenue	Federal	Other	Total
2002*	\$0	\$0.1 mil	\$0.1 mil	\$0.2 mil
2003	\$0	\$0.1 mil	\$0.1 mil	\$0.2 mil
2004	\$0	\$0.1 mil	\$0.1 mil	\$0.2 mil

**SFY-2002 is the first year of this appropriation.*

What is the source of the non-general revenue funding?

Title XIX (Medicaid), Federal Reimbursement Allowance

How many staff are budgeted?

SFY-2002	SFY-2003	SFY-2004
0	4	4

How much has been earned on nursing facility maximization upper payment limit?

SFY-2001	SFY-2002	SFY-2003
\$60.0 mil	\$220.7 mil	\$88.1 mil

Third Party Liability (TPL) Functions

What does this program do?

Provide payments for contracted TPL recovery activities. By identifying other insurance carriers, this provides Medicaid with the ability to cost avoid or recover costs already incurred.

What is the statutory base?

State: RSMo 208.153, 208.215

Federal: Social Security Act, Section 1902, 1903, 1906, 1912, 1917; Federal Regulation 42 CFR Subpart D Part 433

Is this a federally mandated program?

Yes, if cost effective.

What is the funding?

State Fiscal Year	General Revenue	Federal	Other	Total
2001	\$0	\$0.7 mil	\$0.7 mil	\$1.4 mil
2002	\$0	\$1.55 mil	\$1.55 mil	\$3.1 mil
2003	\$0	\$0.9 mil	\$0.9 mil	\$1.8 mil
2004	\$0	\$1.0 mil	\$1.0 mil	\$2.0 mil

What is the source of the non-general revenue funding?

Title XIX (Medicaid), Third Party Liability Fund

How many cases with recoveries are handled by the contractor?

	2001	2002	2003
Cash Recoveries			
Contractor Recoveries	\$13.1 mil	\$14.4 mil	\$11.7 mil
DMS Staff Recoveries	\$15.2 mil	\$16.9 mil	\$16.6 mil
Total Cash Recoveries	\$28.3 mil	\$31.3 mil	\$28.3 mil
Cost Avoidance	\$50.3 mil	\$86.0 mil	\$86.1 mil

Note: The federal share of the recoveries is returned to the federal government.

Information Systems

What does this contractor do?

Processes fee for service claims and managed care encounter data through a contractor for the Medicaid Management Information Systems (MMIS). It also provides for operation of the internal computer network.

What is the statutory base?

State: RSMo 208.201

Federal: Social Security Act Section 1903(a)(3), Federal Regulation 42 CFR Part 433 Subpart C

Is this a federally mandated program?

Yes.

What is the funding?

State Fiscal Year	General Revenue	Federal	Other	Total
2001	\$6.0 mil	\$25.8 mil	\$0	\$31.8 mil
2002	\$6.0 mil	\$27.5 mil	\$0.7 mil	\$34.2 mil
2003	\$6.1 mil	\$16.2 mil	\$0	\$22.4 mil
2004	\$6.6 mil	\$18.4 mil	\$0	\$25.0 mil

What is the source of the non-general revenue funding?

Title XIX (Medicaid)

How many payment claims and encounter claims are processed?

SFY-2001	SFY-2002	SFY-2003
60.0 mil	68.1 mil	73.6 mil

Managed Care Enrollment Contractor

What does this contractor do?

This provides payment for the Health Benefit Manager Contract. The contractor provides all enrollment services for the MC+ managed care program.

What is the statutory base?

State: RSMo 208.166, SB 236
Federal: Social Security Act Section 1915(b),
1115 Waiver, Federal Regulation 42 CFR 434
Subpart C

Is this a federally mandated program?

No.

What is the funding?

State Fiscal Year	General Revenue	Federal	Other	Total
2001	\$0.5 mil	\$2.0 mil	\$0	\$2.5 mil
2002	\$0.5 mil	\$3.5 mil	\$0	\$4.0 mil
2003	\$0.1 mil	\$3.1 mil	\$0	\$3.2 mil
2004	\$0.1 mil	\$3.1 mil	\$0	\$3.2 mil

What is the source of the non-general revenue funding?

Title XIX (Medicaid)

What was the average monthly enrollees in managed care?

SFY-2001	SFY-2002	SFY-2003
343,062	390,056	411,675

Pharmacy

What does this program do?

Provides payment for pharmacy services for fee for service Medicaid/MC+ recipients.

What is the statutory base?

State: RSMo 208.152, 208.166

Federal: Social Security Act Section 1902(a)(12), Federal Regulation 42 CFR 440.120

Is this a federally mandated program?

Yes for children. No for adults.

What is the funding?

State Fiscal Year	General Revenue	Federal	Other	Total
2001	\$199.0 mil	\$376.4 mil	\$60.8 mil	\$636.2 mil
2002	\$241.8 mil	\$455.6 mil	\$55.2 mil	\$752.6 mil
2003	\$205.9 mil	\$487.9 mil	\$134.1 mil	\$827.9 mil
2004	\$235.9 mil	\$577.7 mil	\$124.1 mil	\$937.7 mil

What is the source of the non-general revenue funding?

Title XIX (Medicaid), Pharmacy Reimbursement Allowance, Pharmacy Rebates, Health Initiative Fund, Healthy Families Trust-Health Care Account

Who is eligible?

Pharmacy services are available to all Medicaid eligibles. In the regions of the state where MC+ managed care has been implemented, enrollees have pharmacy services available through the MC+ managed care health plans.

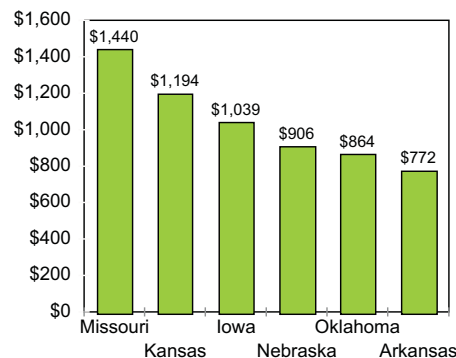
What are the unduplicated recipients using pharmacy services?

SFY-2001	SFY-2002	SFY-2003
401,018	438,698	481,029

How does Missouri compare to surrounding states on Medicaid/MC+ pharmacy expenditures per recipient?

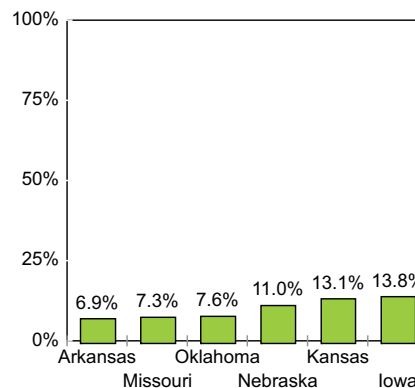
Missouri ranks 4th highest out of 40 states in pharmacy cost per recipient per year. See the graph (below) for a comparison to surrounding states.

Pharmacy Medicaid/MC+ Expenditures Per Recipient FFY-2001*



*See Physician Services page

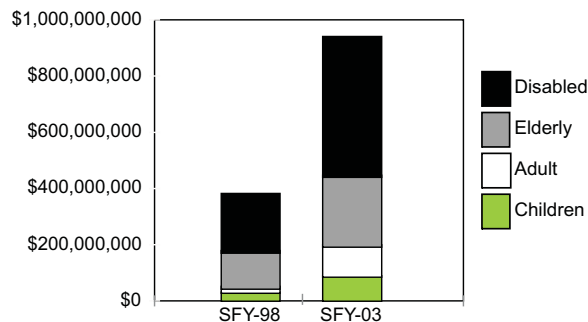
Percentage Increase in Average Recipient Cost Between 2000 and 2001



Missouri had the second lowest increase in cost among surrounding states.

How has the distribution of pharmacy expenditures changed over the last 5 years?

Pharmacy Expenditures Distribution Children, Adults, Elderly And Disabled



Physician Services

What does this program do?

Payment for services provided to fee for service Medicaid/MC+ recipients for physicians, clinics, lab/xray, nurse midwife, podiatry, certified registered nurse anesthetist, rural health clinic, nurse practitioner and federally qualified health clinic.

What is its statutory base?

State: RSMo 208.152, 208.166

Federal: Social Security Act Sections 1905(a)(2), (3), (5), (6), (9), (17), (21); 1905(r) and 1915(d); Federal Regulations 42 CFR 440.210, 440.500, 412.113(c) and 441 Subpart B

Is this a federally mandated program?

Yes, if state elects to have a Medicaid program. (Some services are optional: podiatry, clinics, nurse practitioners and certified nurse anesthetist.)

What is the funding?

State Fiscal Year	General Revenue	Federal	Other	Total
2001	\$58.8 mil	\$96.2 mil	\$0	\$156.0 mil
2002	\$87.0 mil	\$147.2 mil	\$1.2 mil	\$235.4 mil
2003	\$95.1 mil	\$172.7 mil	\$2.3 mil	\$270.1 mil
2004	\$109.5 mil	\$183.3 mil	\$2.3 mil	\$295.1 mil

What are the sources of the non-general revenue funds?

Title XIX federal funds, Health Initiatives Fund (HIF), Healthy Families Trust Fund (HFTF)

Who is eligible?

Physician services are available to fee for service Medicaid/MC+ eligibles. In the regions of the state where MC+ managed care has been implemented, enrollees have physician services available through the MC+ managed care health plan.

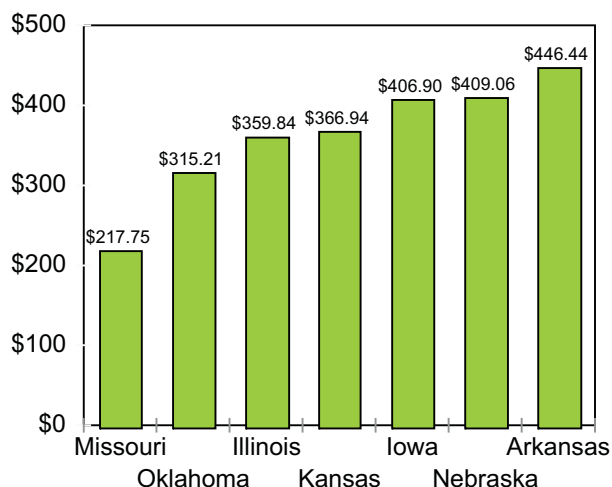
What are the average unduplicated recipients using Physician Services?

SFY-2001	SFY-2002	SFY-2003
396,359	434,015	487,925

How does Missouri compare to surrounding states on Medicaid/MC+ physician expenditures per recipient?

Missouri ranks 4th lowest among 42 states on physician expenditures per recipient. See the graph (below) for surrounding states.

Physician Medicaid/MC+ Expenditures Per Recipient (FFY-2001)*

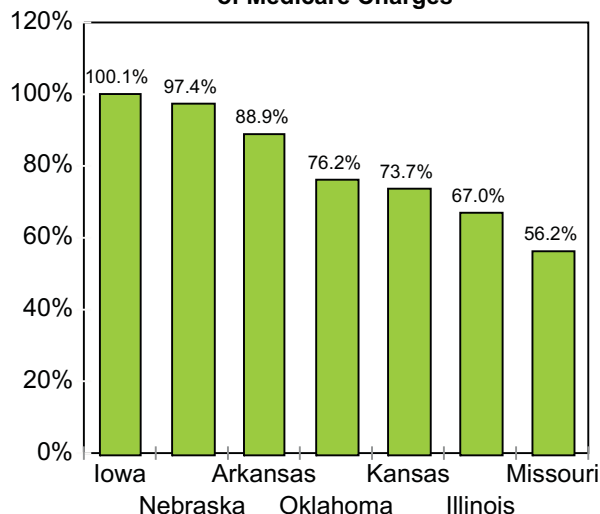


*See Pharmacy page

How do physician rates compare to surrounding states?

Based on The Lewin Study, *Comparing Physician and Dentist Fees Among Medicaid Programs*, Missouri ranks 47th out of all states when comparing Medicaid rates (as of December 2000) as a percent of Medicare charges. The chart (below) shows how Missouri compares to surrounding states.

Medicaid Fees as a Percentage of Medicare Charges



Based on Lewin Group Study, June 2001

Dental

What does this program do?

Provides payment for dental services for fee for service Medicaid/MC+ recipients.

What is the statutory base?

State: RSMo 208.152, 208.166
Federal: Social Security Act Section 1905(a)(10), Federal Regulation 42 CFR 440.100

Is this a federally mandated program?

No for adults. Yes for children.

What is the funding?

State Fiscal Year	General Revenue	Federal	Other	Total
2001	\$5.1 mil	\$8.1 mil	\$0	\$13.2 mil
2002	\$7.1 mil	\$11.3 mil	\$0.1 mil	\$18.5 mil
2003	\$4.3 mil	\$8.1 mil	\$0.9 mil	\$13.3 mil
2004	\$2.7 mil	\$5.8 mil	\$0.9 mil	\$9.4 mil*

*Planned budget reduction

What is the source of the non-general revenue funding?

Title XIX (Medicaid), Health Initiative Fund, Healthy Families Trust-Health Care Account

Who is eligible?

Dental services are available to all Medicaid eligibles. Limited benefits are available for General Relief eligibles, Qualified Medicare Beneficiaries (QMBs) and 1115 Waiver Adults. In the regions of the state where MC+ managed care has been implemented, child enrollees have dental services available through the MC+ managed care health plans.

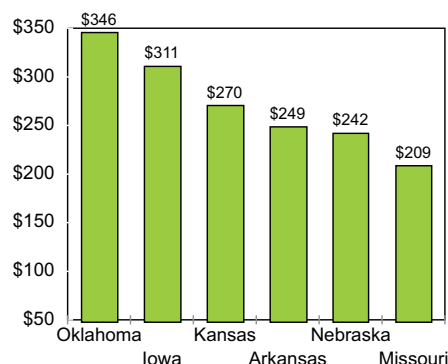
What are the unduplicated recipients using dental services?

SFY-2001	SFY-2002	SFY-2003
47,301	60,927	72,926

How does Missouri compare to surrounding states on Medicaid/MC+ dental expenditures per recipient?

Out of 41 states, Missouri ranked 9th lowest in dental expenditures per recipient. See graph (below) for a comparison to surrounding states.

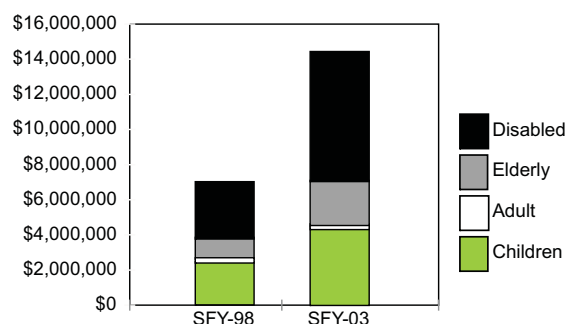
Dental Medicaid/MC+ Expenditures per Recipient* (FFY-2001)



*Based on Center for Medicare and Medicaid FFY-2001 expenditures.

How has the distribution of dental expenditures changed over the last 5 years?

Dental Expenditures Distribution Children, Adults, Elderly & Disabled



The table (below) shows expenditure change over the last 5 years.

	SFY-98	SFY-03	Change
Children	\$2.3 mil	\$4.4 mil	+\$2.1 mil
Adults	\$1.7 mil	\$6.6 mil	+\$4.9 mil
Elderly	\$1.2 mil	\$2.5 mil	+\$1.3 mil
Disabled	\$3.2 mil	\$7.3 mil	+\$4.1 mil

Premium Payments

What does this program do?

Provides premium payments to enroll certain groups of eligible individuals in the Medicare program. This transfers medical costs from Medicaid to Medicare. This appropriation also provides premium payments for the Health Insurance Premium Payment (HIPP) program for Medicaid eligibles when it is cost effective.

What is the statutory base?

State: RSMo 208.153

Federal: Social Security Act Section 1905(p)(1), 1902(a)(10) and 1906; Federal Regulation 42 CFR 406.26 and 431.625

Is this a federally mandated program?

Yes.

What is the funding?

State Fiscal Year	General Revenue	Federal	Other	Total
2001	\$22.3 mil	\$35.0 mil	\$0	\$57.3 mil
2002	\$23.9 mil	\$38.0 mil	\$0	\$61.9 mil
2003	\$28.2 mil	\$45.1 mil	\$0	\$73.3 mil
2004	\$31.2 mil	\$50.4 mil	\$0	\$81.6 mil

What is the source of the non-general revenue funding?

Title XIX (Medicaid)

Who is eligible?

Part A (Hospital) premium payment can be made for:

- Qualified Medicare Beneficiaries (QMBs)
- Qualified Disabled Working Individuals

Part B (Medical) premium payment can be made for:

- Individuals that meet certain income standards
- Qualified Medicare Beneficiaries (QMBs)
- Specified Low-Income Medicare Beneficiaries

HIPP:

- Provisions of OBRA 90 require states to purchase group health insurance for a Medicaid recipient when it is more cost effective to buy health insurance to cover medical care than to pay for an equivalent set of services with Medicaid funds.

What is the average number of recipients per month?

	2001	2002	2003
Part A	699	682	684
Part B	89,513	92,328	96,443
HIPP	4,951	4,858	4,758

Home and Community Based

What does this program do?

Provides payments for services performed for Personal Care, Home Health, Adult Day Health Care, PACE, Aged and Disabled Waiver, AIDS Waiver and Physical Disabilities Waiver. These programs help Medicaid recipients remain in their homes instead of seeking institutional care.

What is its statutory base?

State: RSMo 208.152, 208.168

Federal: Social Security Act Section 1905(a)(24), 1905(a)(7) and 1915(c); Federal Regulations 42 CFR 440.170(f), 440.210, 440.130 and 440.180

Is this a federally mandated program?

Mandatory status depends on eligibility category and age of recipient. (Most services are optional: personal care, adult day health care, waiver for aged and disabled, AIDS waiver, physical disabilities waiver and independent living waiver.)

What is the funding?

State Fiscal Year	General Revenue	Federal	Other	Total
2001	\$65.7 mil	\$116.4 mil	\$9.3 mil	\$191.4 mil
2002	\$84.8 mil	\$155.4 mil	\$19.2 mil	\$259.4 mil
2003	\$101.7 mil	\$164.9 mil	\$0.9 mil	\$267.5 mil
2004	\$105.6 mil	\$169.4 mil	\$0.1 mil	\$275.1 mil

What are the sources of the non-general revenue funds?

Title XIX(Medicaid), Health Initiative Funds (HIF)

Who is eligible?

Services are available to all Medicaid/MC+ eligibles, however, certain criteria (medical need or age requirement) must be met before recipients can receive services.

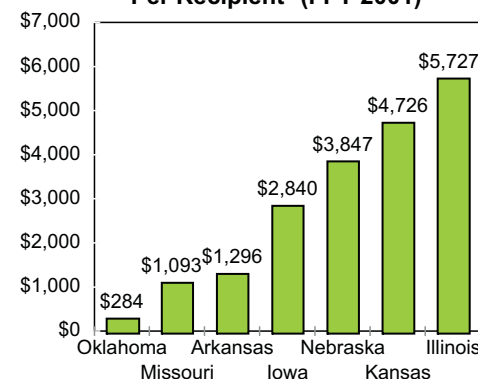
How many recipients use these services?

SFY-2001	46,594
SFY-2002	48,918
SFY-2003	50,715

How does Missouri compare to surrounding states on Medicaid/MC+ Home and Community, Home Health and Personal Care expenditures per recipient?

Missouri ranks 7th lowest among 42 states in expenditures per recipient. See chart (below) comparing Missouri to surrounding states.

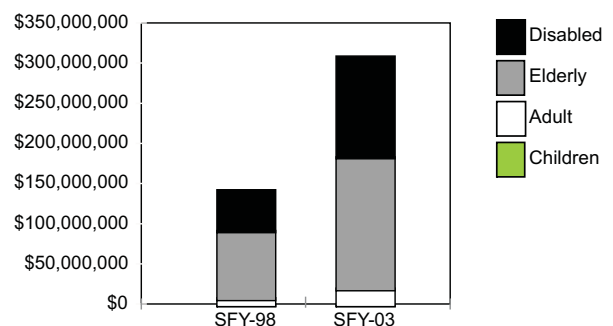
Home Health and Personal Care Expenditures Per Recipient* (FFY-2001)



*Based on Center for Medicare and Medicaid FFY-2001 Expenditures

How has the distribution of home and community based expenditures changed over the last 5 years?

Home and Community Expenditures Children, Adults, Elderly and Disabled



The table (below) shows the change in total dollar expenditures over the last 5 years.

	SFY-98	SFY-03	Change
Children	\$0.1 mil	\$0.1 mil	\$0
Adults	\$7.5 mil	\$19.6 mil	+\$12.1 mil
Elderly	\$83.8 mil	\$163.5 mil	+\$79.7 mil
Disabled	\$51.0 mil	\$125.5 mil	+\$74.5 mil

Nursing Facility Payments

What does this program do?

Provides payment if Medicaid recipients need long term nursing care.

What is the statutory base?

State: RSMo 208.152, 208.153
Federal: Social Security Act Section 1905(a)(4), Federal Regulations 42 CFR 440.40 and 440.210

Is this a federally mandated program?

Yes, for people over age 21.

What is the funding*?

State Fiscal Year	General Revenue	Federal	Other	Total
2001	\$140.9 mil	\$278.4 mil	\$35.6 mil	\$454.9 mil
2002	\$135.4 mil	\$269.3 mil	\$35.6 mil	\$440.3 mil
2003	\$77.6 mil	\$260.5 mil	\$87.7 mil	\$425.8 mil
2004	\$89.8 mil	\$266.0 mil	\$84.3 mil	\$440.1 mil

**Does not include the expenditure funded by the Nursing Facility Reimbursement Allowance.*

What have the expenditures been including the Nursing Facility Reimbursement Allowance?

	Nursing Facility Expenditures Including Nursing Facility Reimbursement Allowance
2000	\$725.0 mil
2001	\$744.3 mil
2002	\$733.2 mil
2003	\$719.2 mil

What is the source of the non-general revenue funding?

Title XIX (Medicaid), Uncompensated Care Fund, Intergovernmental Transfer, Nursing Facility Reimbursement Allowance, Healthy Families Trust-Health Care Account

Who is eligible?

All eligible categories except General Relief adults.

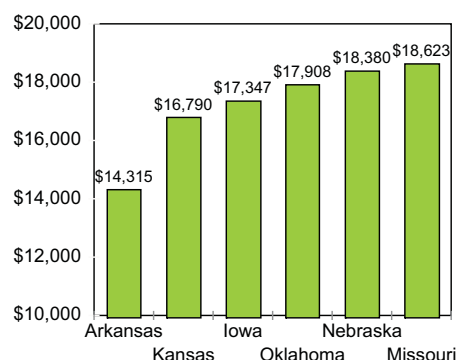
What are the unduplicated recipients of nursing facility services?

SFY-2001	SFY-2002	SFY-2003
40,071	40,309	39,726

How does Missouri compare to surrounding states on nursing facility payments per recipient?

Out of 41 states Missouri has the 17th lowest nursing facility expenditure per recipient. See graph (below) for how Missouri compares to surrounding states.

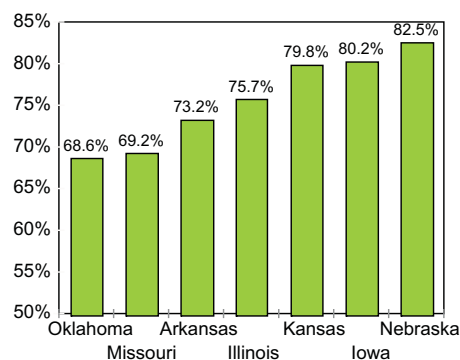
Nursing Facility Medicaid/MC+ Expenditures per Recipient (FFY-2001)



How does Missouri nursing home occupancy compare to surrounding states?

Missouri nursing facility occupancy has declined from 82.9% in 1995 to 69.2% in 2001. In 2001, Missouri had the 2nd lowest occupancy in the country. The graph (below) shows Missouri compared to surrounding states.

Certified Nursing Facility Occupancy For 2001



Rehab and Specialty Services

What does this program do?

Provides payment for audiology, optometrics, durable medical equipment, ambulance, rehabilitation services, hospice, diabetes self-management training and comprehensive day rehabilitation for Medicaid/MC+ recipients.

What is the statutory base?

State: RSMo 208.152

Federal: Social Security Act Section 1905(a)(12) and (18), 1905(o); Federal Regulation 42 CFR 410.40, 418, 431.53, 440.60, 440.120, 440.130 and 440.170

Is this a federally mandated program?

No for adults. Yes for children.

What is the funding?

State Fiscal Year	General Revenue	Federal	Other	Total
2001	\$27.0 mil	\$44.8 mil	\$0	\$71.8 mil
2002	\$33.0 mil	\$54.0 mil	\$0.2 mil	\$87.2 mil
2003*	\$43.7 mil	\$74.4 mil	\$1.0 mil	\$119.1 mil
2004*	\$46.9 mil	\$71.8 mil	\$1.0 mil	\$119.7 mil

**Non-Emergency Medical Transportation was moved into a separate appropriation. For purposes of comparability to prior years, it is shown as part of the Rehab and Specialty funding in those years.*

What is the source of the non-general revenue funding?

Title XIX (Medicaid), Health Initiative Fund, Healthy Families Trust-Health Care Account

Who is eligible?

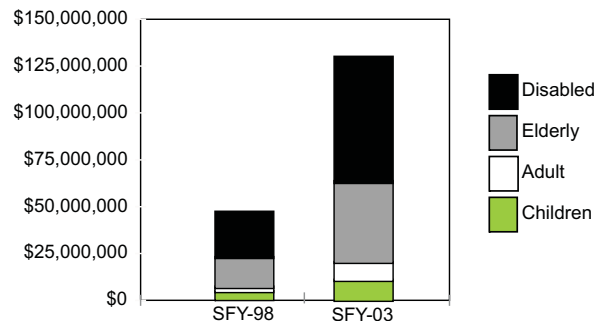
Rehab and specialty services are available to all Medicaid eligibles. In those regions of the state where MC+ managed care has been implemented enrollees have rehab and specialty services available through the MC+ managed care health plans.

What are the number of unduplicated recipients of rehab and specialty services?

SFY-2001	SFY-2002	SFY-2003
157,432	178,001	173,634

How has the distribution of rehab and specialty expenditures changed over the last 5 years?

Rehab And Speciality Expenditures
Children, Adults, Elderly And Disabled



The table (below) shows how expenditures have changed over the last 5 years.

	SFY-98	SFY-03	Change
Children	\$3.9 mil	\$10.4 mil	+\$6.5 mil
Adults	\$2.4 mil	\$9.4 mil	+\$7.0 mil
Elderly	\$15.8 mil	\$43.2 mil	+\$27.4 mil
Disabled	\$24.2 mil	\$66.3 mil	+\$42.1 mil

Non-Emergency Medical Transportation

What does this program do?

Provides payments for non-emergency medical transportation for Medicaid recipients who do not have access to free transportation to scheduled Medicaid-covered services.

What is the statutory base?

State: RSMo 208.152

Federal: Regulation 42 CFR 431.53 and 440.170

Is this a federally mandated program?

Yes.

What is the funding?

State Fiscal Year	General Revenue	Federal	Other	Total
2001	\$0	\$0	\$0	\$0
2002	\$0	\$0	\$0	\$0
2003*	\$7.8 mil	\$12.2 mil	\$0	\$20.0 mil
2004*	\$12.8 mil	\$15.2 mil	\$0	\$28.0 mil

**A separate appropriation was created in SFY-2003. This funding is also shown in Rehab and Specialty Services for prior year comparability.*

What is the source of the non-general revenue funding?

Title XIX (Medicaid)

Who is eligible?

Non-emergency medical transportation is available to all Medicaid eligibles except SCHIP, 1115 adults or General Relief. Non-emergency medical transportation is included in MC+ managed care health benefits.

How many one-way non-emergency medical transportation trips were taken?

SFY-2001	SFY-2002	SFY-2003
418,798	541,539	652,853

Managed Care MC+

What does this program do?

Provides funding for capitation payments to managed care plans on behalf of MC+ eligibles enrolled in managed care.

What is the statutory base?

State: RSMo 208.166

Federal: Social Security Act Section 1902(a)(4), 1903(m), 1905(t), 1915(b), 1932, 1115 Waiver, Federal Regulations 42 CFR 438

Is this a federally mandated program?

Managed care covers most services available to fee for service eligibles. As such, both mandatory and non-mandatory services are included. Services not included in managed care are available fee for service.

What is the funding?

State Fiscal Year	General Revenue	Federal	Other	Total
2001	\$59.4 mil	\$263.7 mil	\$112.8 mil	\$435.9 mil
2002	\$96.9 mil	\$295.6 mil	\$93.7 mil	\$486.3 mil
2003	\$88.0 mil	\$385.3 mil	\$151.7 mil	\$625.0 mil
2004	\$154.3 mil	\$459.5 mil	\$128.8 mil	\$742.6 mil

What is the source of the non-general revenue funding?

Title XIX (Medicaid), Federal Reimbursement Allowance, Health Initiative, Healthy Families Trust Fund-Health Care Account

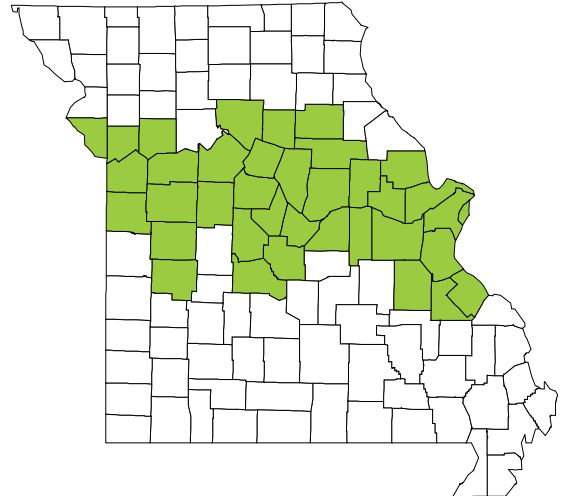
Who is eligible?

Participation in MC+ managed care for those areas of the state where it is available is mandatory for these eligibility categories:

- Medical assistance for families
- MC+ for children
- Refugees
- MC+ for pregnant women
- Children in state care and custody
- 1115 waiver adults and children

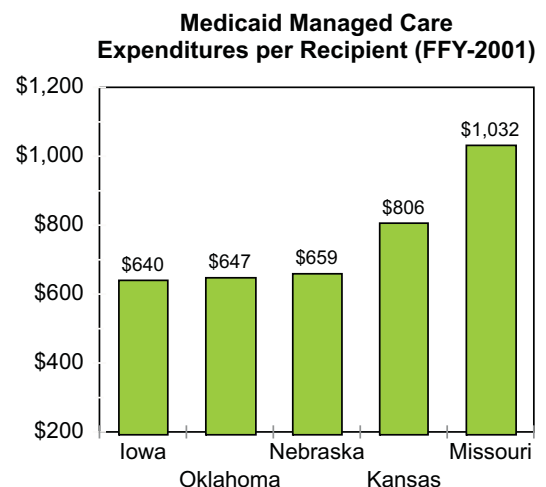
Where is MC+ managed care available in the state?

Shaded counties on this map provide a picture of the where MC+ managed care is operational. All other counties operate on a fee for service basis.



How does Missouri compare to surrounding states on managed care expenditures per recipient?

Out of 38 states Missouri ranks about in the middle for managed care expenditures per recipient. The graph (below) shows how Missouri compares to surrounding states.



Hospital Care

What does this program do?

Provides payment for inpatient and outpatient hospital services for fee for service Medicaid/MC+ recipients.

What is the statutory base?

State: RSMo 208.152, 208.153

Federal: Social Security Act Sections 1905(a)(1) and (2), 1923(a)-(f); Federal Regulations 42 CFR 440.10 and 440.20

Is this a federally mandated program?

Yes, if the state elects to have a Medicaid program.

What is the funding*?

State Fiscal Year	General Revenue	Federal	Other	Total
2001	\$48.3 mil	\$233.9 mil	\$99.4 mil	\$381.6 mil
2002	\$24.7 mil	\$276.6 mil	\$150.2 mil	\$451.5 mil
2003	\$16.1 mil	\$299.7 mil	\$173.2 mil	\$489.0 mil
2004	\$19.3 mil	\$384.0 mil	\$203.9 mil	\$607.2 mil

*Does not include hospital add-on payments that are not claim specific.

What is the source of the non-general revenue funding?

Title XIX (Medicaid), Uncompensated Care, Federal Reimbursement Allowance, Health Initiative Fund, Healthy Families Trust-Health Care Account

Who is eligible?

Inpatient and outpatient services are available to all fee for service Medicaid/MC+ eligibles. In those regions of the state where MC+ managed care has been implemented enrollees have hospital services available through the MC+ managed care health plans.

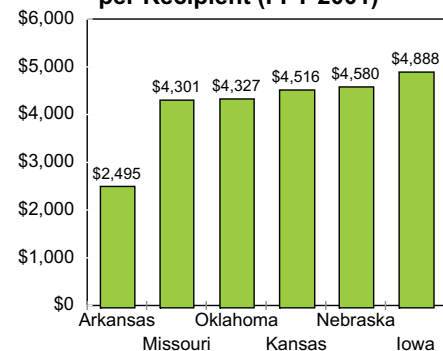
How many recipients are using hospital services? (unduplicated count)

SFY-2001	SFY-2002	SFY-2003
312,815	333,355	371,936

How does Missouri compare to surrounding states on Medicaid/MC+ inpatient hospital expenditures per recipient?

Missouri ranks in the middle among 41 states on inpatient hospital expenditures** per unduplicated recipient. See graph (below) for comparison to surrounding states.

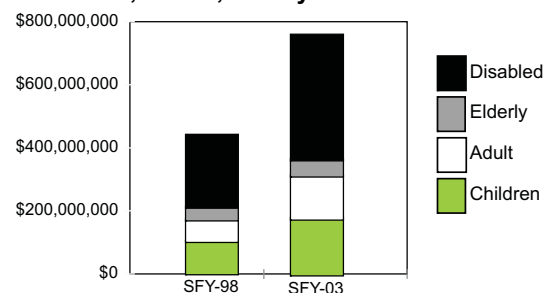
Inpatient Hospital Medicaid/MC+ Expenditures per Recipient (FFY-2001)**



**The inpatient expenditures do not include the add-on payments that are not claims based.

How has the distribution of hospital expenditures changed over the last 5 years?

Hospital Expenditures Distribution Children, Adults, Elderly and Disabled



The table (below) shows how expenditures changed over the last 5 years.

	SFY-98	SFY-03	Change
Children	\$100.8 mil	\$178.0 mil	+\$77.2 mil
Adults	\$68.3 mil	\$133.4 mil	+\$65.1 mil
Elderly	\$40.2 mil	\$52.2 mil	+\$12.0 mil
Disabled	\$228.9 mil	\$395.3 mil	+\$166.4 mil

Safety Net Hospitals

What does this program do?

Provides payments for Medicaid clients and the uninsured through Tier 1 safety net hospitals. Safety net hospitals traditionally see a high volume of Medicaid/uninsured patients. This appropriation was established to provide a funding mechanism to enhance payments to these hospitals.

What is the statutory base?

See Hospital section.

Is this a federally mandated program?

See Hospital section.

What is the funding?

State Fiscal Year	General Revenue	Federal	Other	Total
2001	\$0	\$0	\$0	\$0
2002	\$0	\$0	\$0	\$0
2003	\$0	\$0	\$0	\$0
2004	\$0	\$23.0 mil	\$0	\$23.0 mil

What is the source of the non-general revenue funding?

Title XIX (Medicaid)

Who is eligible?

Researching ideas for enhanced payments for Tier 1 Safety Net Hospitals. State Plan Amendments will have to be filed and approved before any payments are made.

Federally Qualified Health Centers (FQHC's)

How many users are there of FQHC services?

Services	2001	2002
Medical	185,233	206,011
Dental	32,719	44,246
Mental Health	3,419	5,791

What does this program do?

Allows Federally Qualified Health Centers to provide more services in their facilities and improve access to health care for the uninsured and under-insured. Funding is grants for equipment and infrastructure with FQHCs. The grants can be used for expenses of providing health care services to the uninsured in the FQHC setting as well.

What is the statutory base?

State: RSMo 208.152, 208.201, 660.026
Federal: Social Security Action Section 1905(a)(2), Federal Regulation 42 CFR 440.210, 440.500

Is this a federally mandated program?

No.

What is the funding?

State Fiscal Year	General Revenue	Federal	Other	Total
2001	\$0	\$0	\$0	\$0
2002	\$0	\$0	\$0	\$0
2003	\$0	\$0	\$3.0 mil	\$3.0 mil
2004	\$2.0 mil	\$0	\$0	\$2.0 mil

What is the source of the non-general revenue funding?

This is a 100% general revenue appropriation for grants to FQHCs for SFY-2004. In SFY-2003 the funding source was Intergovernmental Transfer Fund.

Who is eligible?

These are grants to FQHC sites.

Federal Reimbursement Allowance (FRA)

What is this funding source?

Provides ongoing reimbursement for hospital services and managed care premiums provided to Medicaid clients and the uninsured.

What is the statutory base?

State: RSMo 208.453

Federal: Social Security Action Section 1903(w), Federal Regulation 42 CFR 443 Subpart B

Is this a federally mandated program?

No.

What is the funding? *(used with the Medical Services budget)*

Payments to Hospital Through this Appropriation

State Fiscal Year	General Revenue	Federal Funds	Other	Total
2000	\$0	\$174.8 mil	\$0	\$174.8 mil
2001	\$0	\$271.1 mil	\$0	\$271.1 mil
2002	\$0	\$298.1 mil	\$0	\$298.1 mil
2003	\$0	\$400.7 mil	\$0	\$400.7 mil

FRA Tax Assessments - Revenues Obtained

State Fiscal Year	General Revenue	Federal Funds	Other	Total
2000	\$0	\$0	\$356.1 mil	\$356.1 mil
2001	\$0	\$0	\$400.3 mil	\$400.3 mil
2002	\$0	\$0	\$463.1 mil	\$463.1 mil
2003	\$0	\$0	\$572.2 mil	\$572.2 mil

FRA Used as a Funding Source in DMS Budget

State Fiscal Year	General Revenue	Federal Funds	Other	Total
2000	\$0	\$0	\$343.1 mil	\$343.1 mil
2001	\$0	\$0	\$444.4 mil	\$444.4 mil
2002	\$0	\$0	\$449.1 mil	\$449.1 mil
2003	\$0	\$0	\$636.4 mil	\$636.4 mil

What is the source of the non-general revenue funding?

Federal Reimbursement Allowance

Who is eligible?

FRA payments are made on behalf of Medicaid eligibles and the uninsured accessing hospital services.

What percent of hospital costs are reimbursed through the FRA?

	2001	2002	2003
Medicaid Costs	33.9%	40.9%	43.4%
Uninsured Costs	77%	90%	90%

Health Care Access 1115 Waiver Adults

How many people are receiving services through the waiver?

	2001	2002	2003
Extended Transitional Medical Assistance	71,457	4,362	790
Women's Health Services	16,285	13,622	9,789

What does this program do?

Provides funding for health care services to Medicaid clients covered by the 1115 waiver and its expansion. Medicaid clients covered through the 1115 waiver include only Extended Transitional Medical Assistance and Women's Health Services. Other populations lost coverage as a result of a core reduction in SFY-2003.

What is the statutory base?

State: RSMo 208.453, 205.152, 205.153, SB 632

Federal: Social Security Action Section 1115 and 1923(a)-(f); Federal Regulations 42 CFR 443 Subpart B and 412.106

Is this a federally mandated program?

No.

What is the funding?

State Fiscal Year	General Revenue	Federal	Other	Total
2001	\$14.8 mil	\$68.2 mil	\$25.2 mil	\$108.2 mil
2002	\$15.3 mil	\$69.9 mil	\$26.7 mil	\$111.9 mil
2003	\$0.6 mil	\$15.2 mil	\$6.9 mil	\$22.7 mil
2004	\$2.3 mil	\$3.1 mil	\$0.5 mil	\$5.9 mil

What is the source of the non-general revenue funding?

Title XIX (Medicaid), Federal Reimbursement Allowance, Pharmacy Reimbursement Allowance

Who is eligible?

Services are available for Extended Transitional Medical Assistance (ETMA) and Women's Health Services.

CHIP 1115 Waiver for Children

What does this program do?

Provides for eligibility for health care services to Medicaid clients covered through the 1115 waiver. This provides coverage to the uninsured children above existing Medicaid eligibility limits up to 300% of poverty.

What is the statutory base?

State: RSMo 208.453, 208.152, 208.153, SB 362

Federal: Social Security Action Section 1115, 2100 and 1923(a)-(f); Federal Regulations 42 CFR 443 Subpart B and 412.106

Is this a federally mandated program?

No.

What is the funding?

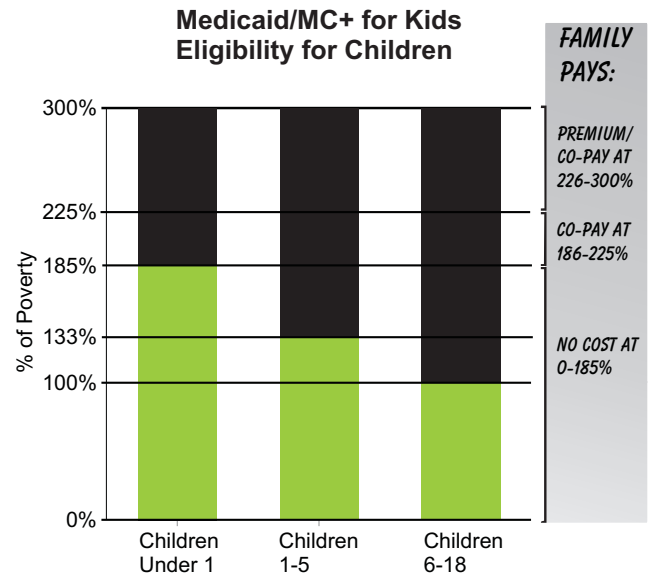
State Fiscal Year	General Revenue	Federal	Other	Total
2001	\$13.2 mil	\$71.7 mil	\$14.5 mil	\$99.4 mil
2002	\$13.7 mil	\$76.2 mil	\$15.8 mil	\$105.7 mil
2003	\$11.9 mil	\$75.6 mil	\$15.2 mil	\$102.7 mil
2004	\$1.6 mil	\$68.5 mil	\$14.7 mil	\$84.8 mil

What is the source of the non-general revenue funding?

Title XXI (SCHIP), Pharmacy Rebates, Federal Reimbursement Allowance, Pharmacy Reimbursement Allowance, Health Initiative, Premiums

Who is eligible?

Children above existing Title XIX Medicaid eligibility up to 300% of poverty.



Optional (Title 21 - MC+ for Kids):

Children under age 1 = 186-300% of poverty
Children age 1-5 = 134-300% of poverty
Children over age 5 = 101-300% of poverty

Mandatory and Optional (Title 19):⁽¹⁾

Children under age 1 = Up to 185% of poverty (Optional 133-185%)
Children age 1-5 = Up to 133% of poverty (Mandatory)
Children age 6-18 = Up to 100% of poverty (Mandatory)

(1) Less than 1% of this group is optional

How many children are receiving services through the 1115 waiver? (as of June 30)

Percent of Poverty	June 2001	June 2002	June 2003
101-185%	57,643	59,243	67,116
186-225%	12,558	14,745	16,472
226-300%*	2,115	1,090	1,236

*Reflects only those paying a premium

Uncompensated Care

What does this program do?

Provides ongoing funding to reimburse for health care services provided to the uninsured in St. Louis region through a primary care safety net system.

What is the statutory base?

State: RSMo 208.152, 208.153

Federal: Social Security Action Section 1115, 1923(a)-(f); Federal Regulation 42 CFR 412.106

Is this a federally mandated program?

No.

What is the funding?

State Fiscal Year	General Revenue	Federal	Other	Total
2003	\$0	\$27.0 mil	\$0	\$27.0 mil
2004	\$0	\$25.0 mil	\$0	\$25.0 mil

What is the source of the non-general revenue funding?

Title XIX (Medicaid)

Who is eligible?

Outpatient services are available to the uninsured in the St. Louis region.

How much in payments have been provided to the St. Louis Regional Healthcare Commission?

SFY-2001	SFY-2002	SFY-2003
\$19.1 mil	\$20.4 mil	\$21.0 mil

Nursing Facility Federal Reimbursement Allowance

What percent of nursing home payments are paid by NFFRA?

SFY-2001	SFY-2002	SFY-2003
32.1%	32.2%	32.2%

What is this funding source?

Provides enhanced payments for long-term care for Title XIX recipients.

What is the statutory base?

State: RSMo 198.401

Federal: Social Security Action Section 1903(w),
Federal Regulation 42 CFR 443 Subpart B

Is this a federally mandated program?

No.

What is the funding? *(used with the Medical Services budget)*

Payments to Nursing Facilities Through this Appropriation

State Fiscal Year	General Revenue	Federal Funds	Other	Total
2000	\$0	\$151.0 mil	\$0	\$151.0 mil
2001	\$0	\$183.1 mil	\$0	\$183.1 mil
2002	\$0	\$183.2 mil	\$0	\$183.2 mil
2003	\$0	\$180.3 mil	\$0	\$180.3 mil

NFFRA Tax Assessments - Revenues Obtained

State Fiscal Year	General Revenue	Federal Funds	Other	Total
2000	\$0	\$0	\$105.7 mil	\$105.7 mil
2001	\$0	\$0	\$119.3 mil	\$119.3 mil
2002	\$0	\$0	\$116.7 mil	\$116.7 mil
2003	\$0	\$0	\$114.8 mil	\$114.8 mil

What is the source of the non-general revenue funding?

Nursing Facility Reimbursement Allowance

Who is eligible?

Nursing Facility Federal Reimbursement Allowance (NFFRA) payments are made on behalf of Medicaid eligibles for long-term care services.

Department of Elementary and Secondary Education

What does this program do?

Funding for payments for school-based, administrative services and school-based EPSDT services consist of medical/dental screenings, diagnosis and treatment to correct or improve defects and chronic conditions.

What is the statutory base?

The authority for this appropriation is the authority associated with the services reflected above.

Is this a federally mandated program?

No.

What is the funding?

State Fiscal Year	General Revenue	Federal	Other	Total
2004*	\$0	\$33.2 mil	\$0	\$33.2 mil

*First year for this appropriation.

What is the source of the non-general revenue funding?

Title XIX (Medicaid)

Who is eligible?

Any school district in the state.

How many school districts participate in the program?

SFY-2001	SFY-2002	SFY-2003
117	275	300

Department of Health and Senior Services

What does this program do?

Funding for home-delivered meals to aged and disabled individuals. Administered by the Department of Health and Senior Services.

What is the statutory base?

State: RSMo 208.152

Is this a federally mandated program?

No.

What is the funding?

State Fiscal Year	General Revenue	Federal	Other	Total
2001	\$0	\$0	\$0	\$0
2002	\$0	\$0	\$0	\$0
2003	\$1.0 mil	\$3.0 mil	\$0	\$4.0 mil
2004	\$0	\$4.2 mil	\$0	\$4.2 mil

What is the source of the non-general revenue funding?

Title XIX (Medicaid)

Who is eligible?

Aged and disabled individuals based on a formula set by the Area Agencies on Aging.

State Medical

What does this program do?

Provides payment for services for State Medical eligibles. State Medical eligibles are individuals who do not meet categorical criteria for Title XIX.

What is the statutory base?

State: RSMo 208.151, 208.152, 191.831

Is this a federally mandated program?

No.

What is the funding?

State Fiscal Year	General Revenue	Federal	Other	Total
2001	\$27.1 mil	\$0	\$0	\$27.1 mil
2002	\$29.3 mil	\$0	\$0.4 mil	\$29.7 mil
2003	\$22.0 mil	\$0	\$11.2 mil	\$33.2 mil
2004	\$35.5 mil	\$0	\$1.2 mil	\$36.7 mil

What is the source of the non-general revenue funding?

Health Initiative Fund, Pharmacy Federal Reimbursement Allowance (PFRA)

Who is eligible?

Eligibles include General Relief, Child Welfare Services, Blind Pension, Presumptive Eligibility for Pregnant Women, Division of Youth Services General Revenue.

What is the average caseload for the eligibility group?

	2001	2002	2003
General Relief	2,269	2,460	2,936
Child Welfare Services	815	489	583
Blind Pension	2,729	2,791	2,839
Division of Youth Services	579	596	576

Medicaid Supplemental Pool

What is this funding source?

Provides funding for the division to respond to unanticipated changes in the cost of providing health care to Medicaid recipients.

What is the statutory base?

The legal authority for the Supplemental Pool is the authority associated with each appropriation.

Is this a federally mandated program?

No.

What is the funding?

State Fiscal Year	General Revenue	Federal	Other	Total
2001	\$1.7 mil	\$332.9 mil	\$220.3 mil	\$554.9 mil
2002	\$0	\$302.9 mil	\$228.5 mil	\$531.4 mil*
2003	\$57.5 mil	\$176.1 mil	\$23.4 mil	\$257.0 mil*
2004	\$0	\$24.0 mil	\$15.4 mil	\$39.5 mil

**Includes supplemental appropriation*

What is the source of the non-general revenue funding?

Title XIX (Medicaid), Third Party Liability Fund, Premium Fund, Nursing Facility Federal Reimbursement Allowance, Uncompensated Care Fund, Pharmacy Rebates, Federal Reimbursement Allowance (See each appropriation section for eligibility)

How much has been spent out of the Supplemental Pool?

SFY-2001	SFY-2002	SFY-2003
\$297.7 mil	\$157.3 mil	\$267.2 mil

LIPL Maximization Transactions

What is this funding source?

Federal regulations allow states to claim the difference between current Medicaid nursing facility rates and recalculated rates based on Medicare payment principles, also known as the upper limit payment. Through a series of steps involving government nursing facilities and county/hospital districts, this difference is transferred to the state as intergovernmental transfer and is considered all state funds.

What is the statutory base?

N/A

Is this a federally mandated program?

No.

What is the funding?

State Fiscal Year	General Revenue	Federal	Other	Total
2001	\$0	\$0	\$0	\$0
2002	\$0	\$0	\$0	\$0
2003	\$0	\$88.1 mil	\$66.9 mil	\$155.0 mil*
2004	\$0	\$20.5 mil	\$13.0 mil	\$33.5 mil

**Includes supplemental appropriation*

What is the source of the non-general revenue funding?

Intergovernmental transfer funds

Who is eligible?

Government nursing facilities and county hospital districts.

What has been the amount of upper payment transactions?

SFY-2001	SFY-2002	SFY-2003
\$235.9 mil	\$358.1 mil	\$144.3 mil